

Foster Family Home - Corrective Action Report

Provider ID: 1-200028

Home Name: Rosalie Ordinado, CNA

Review ID: 1-200028-1

91-824 Kehue Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 7/7/2020

Foster Family Home

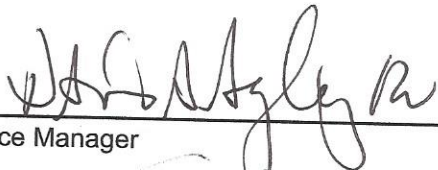
Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

7/7/2020
Date

7/7/2020
Date